

**Fill in this information to identify your case:**

Debtor 1 **CARLOS JAVIER SOTO GONZALEZ**  
First Name Middle Name Last Name

Debtor 2  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of Puerto Rico

Case number (if known) **14-05623 BKT**

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

**Official Form 6I****Schedule I: Your Income****12/13**

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Employment****1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

**Employment status**

☒ Employed  
☐ Not employed

☐ Employed  
☐ Not employed

**Occupation****CONTRACTOR****Employer's name****KRATOS CONSTRUCCION EN GENI****Employer's address****PO BOX 143955**

Number Street

Number Street

**ARECIBO, PR 00614-0000**

City State ZIP Code

City State ZIP Code

**How long employed there?** **3 months****Part 2: Give Details About Monthly Income**

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

**2. List monthly gross wages, salary, and commissions** (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ **3,250.00**

**3. Estimate and list monthly overtime pay.**

3. + \$ **0.00**

**4. Calculate gross income.** Add line 2 + line 3.

4. \$ **3,250.00**

	For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here ..... → 4.	\$ <b>3,250.00</b>	\$ _____	
<b>5. List all payroll deductions:</b>			
5a. Tax, Medicare, and Social Security deductions	5a. \$ <b>0.00</b>	\$ _____	
5b. Mandatory contributions for retirement plans	5b. \$ <b>0.00</b>	\$ _____	
5c. Voluntary contributions for retirement plans	5c. \$ <b>0.00</b>	\$ _____	
5d. Required repayments of retirement fund loans	5d. \$ <b>0.00</b>	\$ _____	
5e. Insurance	5e. \$ <b>0.00</b>	\$ _____	
5f. Domestic support obligations	5f. \$ <b>0.00</b>	\$ _____	
5g. Union dues	5g. \$ <b>0.00</b>	\$ _____	
5h. Other deductions. Specify: _____	5h. + \$ <b>0.00</b>	+ \$ _____	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ <b>0.00</b>	\$ _____	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ <b>3,250.00</b>	\$ _____	
<b>8. List all other income regularly received:</b>			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <b>0.00</b>	\$ _____	
8b. Interest and dividends	8b. \$ <b>0.00</b>	\$ _____	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <b>0.00</b>	\$ _____	
8d. Unemployment compensation	8d. \$ <b>0.00</b>	\$ _____	
8e. Social Security	8e. \$ <b>0.00</b>	\$ _____	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ <b>0.00</b>	\$ _____	
8g. Pension or retirement income	8g. \$ <b>0.00</b>	\$ _____	
8h. Other monthly income. Specify: <b>FAMILY HELP</b>	8h. + \$ <b>900.00</b>	+ \$ _____	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. <b>\$ 900.00</b>	<b>\$ _____</b>	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. <b>\$ 4,150.00</b>	+ <b>\$ _____</b>	<b>= \$ 4,150.00</b>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____			
			11. + \$ <b>0.00</b>
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies			12. <b>\$ 4,150.00</b> Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form?			
<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: <b>None</b>			

IN RE SOTO GONZALEZ, CARLOS JAVIER

Debtor(s)

Case No. 14-05623 BKT

(If known)

**AMENDED DECLARATION CONCERNING DEBTOR'S SCHEDULES****DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 21 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: October 23, 2014Signature: /s/ CARLOS JAVIER SOTO GONZALEZ  
**CARLOS JAVIER SOTO GONZALEZ**

Debtor

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(Joint Debtor, if any)

[If joint case, both spouses must sign.]

**DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.*

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

*If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.*

*A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the \_\_\_\_\_ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the \_\_\_\_\_ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets (*total shown on summary page plus 1*), and that they are true and correct to the best of my knowledge, information, and belief.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(Print or type name of individual signing on behalf of debtor)

*[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]*

*Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.*

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PO BOX 142776  
ARECIBO, PR 00614

FIA CARD SERVICES  
PO BOX 15019  
WILMINGTON, DE 19886-5019

Bufete Rivera Colon  
UU-1 Calle 39 PMB 101 Santa Juanita  
Bayamon, PR 00956

FIRST BANK  
PO BOX 9146  
SAN JUAN, PR 00918-0146

ASUME  
OFICINA DE PROCURADORES AUXILIARES  
PO BOX 70376  
SAN JUAN, PR 00936-8376

IRS  
INTERNAL REVENUE SERVICE  
PO BOX 80110  
CINCINNATI, OH 45280-0010

AT&T  
PO BOX 536216  
ATLANTA, GA 30353-6216

IRS  
PO BOX 80110  
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AT&T  
KAREN CAVAGNARO  
ONE AT&T WAY, ROOM 3A104  
BEDMINSTER, NJ 07921

POPULAR AUTO  
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SAN JUAN, PR 00936-6818

BANCO POPUAR DE PR  
BANKRUPTCY DEPARTMENT  
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SN JUAN, PR 00936-2649

BANCO SANTANDER  
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SAN JUAN, PR 00936-2689

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PO BOX 1056  
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